

DRAFT FOR DISCUSSION PURPOSES

California Duals Demonstration Notification Strategy Draft Planning Document

This is a working document meant to layout the Duals Demonstration notification strategy based on DHCS's enrollment policy.

Notification Process and Materials

- a. All members eligible for the Duals Demonstration Program will receive informing materials 90-days in advance of the effective date of enrollment. (CMS requires a minimum of a 60-day notice.)
- b. The following provides a general description of the contents of each of the informing materials:
 - b1. 90-day Notice - Information letter with instructions on how to opt-out of the demonstration.
 - b2. 60-day Notice – Information letter plus Choice Packet, if applicable. A Choice Packet typically includes an enrollment form; plan information and other information that assists beneficiary in understanding their options. The choice packet will be tailored to information relevant for each county that is part of the demonstration.
 - b3. 30-day Notice – Reminder letter that informs beneficiaries of their upcoming enrollment and options. For eligible passive enrollment members, letter will also inform them of their right to opt out of the demonstration.
- c. Initial first phase mailing is targeted for “in hand” date of October 1, 2012 for entire group. All subsequent mailing materials will begin mailing out, no more than, two weeks prior to the “in-hand” notification timeframe (for example, a notice to arrive February 1 will be mailed by January 15).
- d. California's Department of Health Care Services will work with the Health Care Options (HCO) enrollment broker for all mailings. CMS in coordination with DHCS plans to send out a notice 30-days prior to the demonstration effective date.
- e. DHCS is currently determining if the COHS plans will be taking beneficiary calls independent of HCO.
- f. For beneficiaries eligible for Medicare's annual Part D reassignment
 - a. Background:

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- i. The Part D program provides premium and cost-sharing assistance to beneficiaries with low incomes and limited resources who qualify for the program's Low-Income Subsidy (LIS).
 - ii. LIS enrollees may choose to enroll in any Part D plan. However, the LIS program will cover their premiums only up to a "benchmark" amount.
 - iii. Using an automatic enrollment process, the Centers for Medicare & Medicaid Services (CMS) randomly assigns full-benefit dual eligible LIS beneficiaries to basic PDPs with premiums below the benchmark when they first qualify (if they haven't made a choice of their own).
 - iv. Each year, LIS beneficiaries who are enrolled in a plan that does not qualify as a benchmark plan for the next year are either automatically reassigned by CMS to a new plan or notified that they need to take action to switch into a benchmark plan if they want to avoid paying premiums.
 - v. DHCS and CMS want to ensure that participants that are eligible for passive enrollment in the demonstration are not notified that they will be reassigned to a benchmark PDP at the same time they are notified regarding the demonstration.
- b. To prevent this from occurring DHCS is working with CMS on the following strategy:
- i. CMS will provide notice to DHCS of beneficiaries they believe will be eligible for re-assignment in mid-September.
 - ii. DHCS will then identify those individuals, identified as eligible for passive enrollment January 1, 2013, that would be included in the demonstration for passive enrollment process and submit that information to CMS Oct 9th – 11th.
 - iii. CMS would then exclude individuals that are expected to be included in the January 1, 2013 passive enrollment process from the Medicare Part D auto reassignment process. These individuals would get their premium-free Part D benefits through a demonstration plan instead, subject to their right to opt-out.

Notification Development and Review Process

- a) DHCS in collaboration with CMS will develop the initial draft language for all notification letters and informing packets. CMS is developing "beneficiary-tested model language" and will forward to California for incorporation into notification materials.

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b) Drafts of all notices and informing materials will be reviewed by the following entities:

- Beneficiary Protection Stakeholder Workgroup
- Participating Health Plans
- Centers for Medicaid and Medicare Services
- California Department of Health Care Services
- California Department of Social Services
- California Department of Aging
- California Department of Rehabilitation
- California Department of Managed Health Care
- California Health and Human Services
- California Legislature

Telephone support and Follow-up Phone Calls

- a. Follow-up phone calls will be placed to beneficiaries to ensure receipt of notices and to answer questions. DHCS/HCO will be responsible for follow-up phone calls. DHCS will develop procedures for follow-up calls based on lessons learned from the SPD transition and recommendations from CMS and Stakeholders.
- b. DHCS will work with HCO to develop procedures and scripts for tracking and responding to Duals related phone calls.
- c. CMS will have protocols for transferring calls that come into the CMS 1-800 Medicare line to DHCS's enrollment broker HCO.
- d. DHCS is considering other beneficiary and provider outreach strategies and is examining ways to partner with community organizations.